

Attorney Docket No. 3273-0203PUS1

P.O. Box 747 • Falls Church, Virginia 22040-0747  
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

Page 1 of 2  
(Rev. 05/2004)

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

**CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)**  
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE:  
YOU MUST  
COMPLETE  
THE  
FOLLOWING:

Full Name of First  
or Sole Inventor:  
Insert Name of  
Inventor  
Insert Date Filed  
Document is Signed

Insert Residence  
Insert Citizenship

Insert Post Office  
Address

Full Name of Second  
Inventor, if any:  
see above

Full Name of Third  
Inventor, if any:  
see above

Full Name of Fourth  
Inventor, if any:  
see above

Full Name of Fifth  
Inventor, if any:  
see above

Full Name of Sixth  
Inventor, if any:  
see above

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like to made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

GIVEN NAME/FAMILY NAME <b>Hiroshi KOYAMA</b>	INVENTOR'S SIGNATURE <i>Hiroshi Koyama</i>	DATE* <b>4/22/2005</b>
Residence (City, State & Country) <b>Himeji-shi, Hyogo</b>	CITIZENSHIP <b>JAPAN</b>	
MAILING ADDRESS (Complete Street Address including City, State & Country) <b>500-4-24, Kamiyobe, Yobe-ku, Himeji-shi, Hyogo 671-1262 JAPAN</b>		
GIVEN NAME/FAMILY NAME <b>Keizo INOUE</b>	INVENTOR'S SIGNATURE <i>Keizo Inoue</i>	DATE* <b>4/22/2005</b>
Residence (City, State & Country) <b>Himeji-shi, Hyogo</b>	CITIZENSHIP <b>JAPAN</b>	
MAILING ADDRESS (Complete Street Address including City, State & Country) <b>62, Ogama, Shikitou-cho, Himeji-shi, Hyogo 671-0203 JAPAN</b>		
GIVEN NAME/FAMILY NAME <b>Takahiro IWAHAMA</b>	INVENTOR'S SIGNATURE <i>Takahiro Iwahama</i>	DATE* <b>4/22/2005</b>
Residence (City, State & Country) <b>Himeji-shi, Hyogo</b>	CITIZENSHIP <b>JAPAN</b>	
MAILING ADDRESS (Complete Street Address including City, State & Country) <b>610-1, Kamiyobe, Yobe-ku, Himeji-shi, Hyogo 671-1262 JAPAN</b>		
GIVEN NAME/FAMILY NAME <b>Mari SUMIDA</b>	INVENTOR'S SIGNATURE <i>Mari Sumida</i>	DATE* <b>4/22/2005</b>
Residence (City, State & Country) <b>Himeji-shi, Hyogo</b>	CITIZENSHIP <b>JAPAN</b>	
MAILING ADDRESS (Complete Street Address including City, State & Country) <b>1367-21, Shinzaika, Aboshi-ku, Himeji-shi, Hyogo 671-1234 JAPAN</b>		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

BEST AVAILABLE COPY

BEST AVAILABLE COPY